

Borderline Ovarian Tumor: Management of Recurrence After Conservative Surgical Treatment

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Abstract : INTRODUCTION: Borderline ovarian tumors account for 15 to 20% of ovarian tumors. Prognostic factors of recurrence include the stage of the disease, presence of peritoneal implants, micropapillary pattern, microinvasion and intra-epithelial carcinoma. Fertility sparing constitutes a major therapeutic issue in young patients that leads to conservative surgical treatment in specific cases. METHODS: We conducted a retrospective descriptive study including patients treated at the Salah Azaiez Institute for Borderline Ovarian Tumor who underwent conservative surgical treatment from 2003 to 2018. RESULTS: Nine patients were included in our study. The median age was 33 years. Three patients were nulliparous. Given the age, conservative treatment was indicated in all these patients. Cystectomy without ovariectomy was indicated in 5 of the 9 women, which was within the margin of tumor resection on definitive anatomopathic examination in 3 of the 5 women. In contrast, given the impossibility of ovarian conservation, total annexectomy was carried out in 4 of all these women. All of the patients were followed regularly postoperatively; three had a carcinomatous transformation as an ovarian adenocarcinoma at an average interval of 18 months. Among these three patients, a single one presented intra-peritoneal metastases, requiring radical surgical treatment and adjuvant chemotherapy with 6 cures of Carbo-Taxol, with a good tolerance and a complete response. Moreover, one patient had a recurrence on the contralateral ovary as a Borderline mucinous ovarian tumor. For the remaining four women, after a median follow-up of 35 months, one patient fell spontaneously pregnant during follow-up, and three patients were in complete remission at 16 months. CONCLUSION: Borderline tumors of the ovary usually occur in young patients, which makes conservative treatment advisable if possible, but this always comes with a risk of recurrence and/or carcinomatous transformation, especially if the conservative surgical procedure was a cystectomy instead of a total annexectomy, and even more so if the resection margins were tumoral.

Keywords : ovarian tumor, conservative treatment, surgical management, borderline ovarian tumor, recurrence management

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